

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10599015

FILING DATE

9-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5		1		1		
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	12					
14	12					
15	12					
16	12					
17	12					
18	12					
19	12					
20	12					
21	12					
22	12					
23	12					
24	2					
25	12					
26	12					
27	12					
28	12					
29	12					
30	12					
31	12					
32	12					
33	1		1			
34	1		1			
35	1		1			
36	3		1			
37	3		1			
38	3		1			
39	3		1			
40	3		1			
41	3		1			
42	3		1			
43	3		1			
44	3		1			
45	3		1			
46	3		1			
47	3		1			
48	3		1			
49	3		1			
50						
TOTAL IND.	9					
TOTAL DEP.	293	←	←	←	4	↓
TOTAL CLAIMS	291				73	←

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.					4	↓
TOTAL DEP.					73	←
TOTAL CLAIMS					77	←